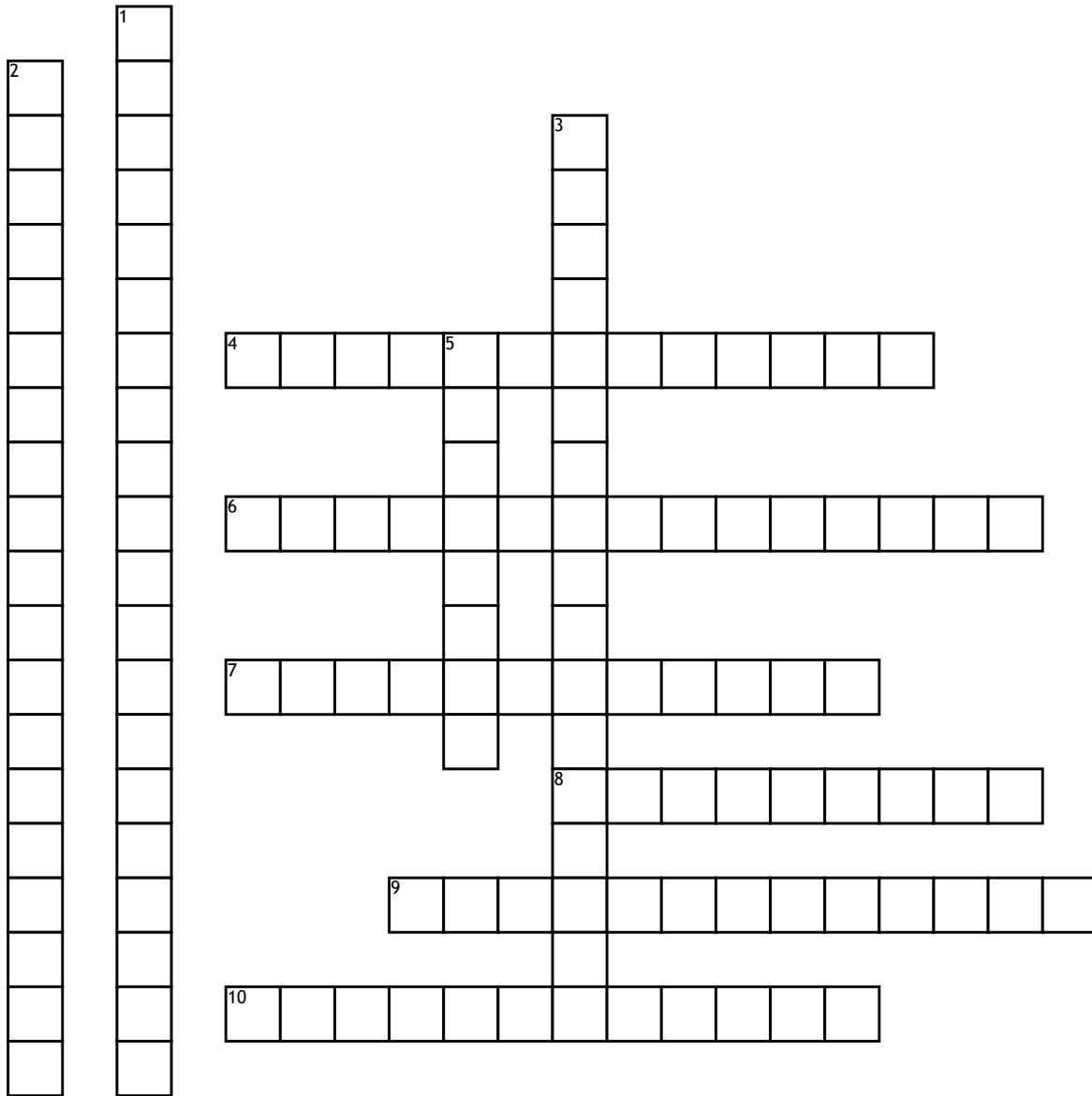


# Rules and Axioms



## Across

4. Severe thermal burns to the eye almost always affect the face or head and should be handled on \_\_\_\_\_
6. Falls from a standard bed/chair/sofa (not greater than the patient's height) and falling on, not down, stairs should be considered a \_\_\_\_\_
7. Use of the Breathing Verification Diagnostic is \_\_\_\_\_ when uncertain breathing or ineffective breathing is associated with unconsciousness.
8. When cardiac arrest appears to be \_\_\_\_\_ in nature, choose the Chief Complaint Protocol that best fits scene safety concerns and the mechanism of injury.
9. Pain described as at the level of the navel should be considered \_\_\_\_\_.

10. When the Breathing Verification Diagnostic Tool results in a Slow Rate for an unconscious patient, the EMD should repeat the diagnostic within \_\_\_\_\_ to confirm effective breathing.

## Down

1. A sudden, unexplained collapse resulting in unconsciousness, even when reported as a ground-level fall, should be considered a \_\_\_\_\_ until proven otherwise.
2. Recreational inhalations of potentially harmful substances should be handled on \_\_\_\_\_
3. A complaint description of postpartum hemorrhage only should be handled on \_\_\_\_\_ (no complications with baby and placenta has been delivered.)
5. When \_\_\_\_\_ are offered as an answer to Case Entry Question 5, the EMD should clarify using "(conscious.)"